Program Inspection
Compliance Plan

Provider's Name:	**School of Early Education - Sioux Falls**	City:	**Sioux Falls**	Provider Number:	**018042607**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**05/19/2023**	Time of Inspection:	**8:49 AM**

Provider was found to be in full compliance

Chelsea DeJonge	**05/19/2023**	**Brooke Flemmer**	**05/19/2023**
Provider Signature	Date	Inspector Signature	Date